PENISTONE

URBAN DISTRICT COUNCIL.

ANNUAL REPORT

—of the—

Medical Officer of Health

for the Year

1953.

PENINSTONE URBAN DISTRICT COUNCIL

HEALTH COMMITTEE. 1953

Councillor B.S. MOORE (Chairman)

" R.F. HARTLEY (Chairman of the Council)

" W. GLEDHILL (Vice-Chairman of the Council)

" J.W. BRADLEY.

" PAUL H. DURRANS.

" G.C. FOWLER

" B.G. GOLDTHORPE

" Mrs. K.E. HOYLAND.

" S.W. JOHNSON.

" J. LEES

" S. PALMER

" G.H. SENIOR

" F. SWIFT

" F. TAYLOR.

" G.R. TINKER.

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health

J. MAIN RUSSELL, M.B., Ch.B. (Edin), B.Hy., D.P.H.

Senior Assistant Medical Officer

J.J. SMITH, M.B., Ch.B., D.P.H. (Appointed 1st February, 1953)

Sanitary Inspector

J. HOLDSWORTH, M.S.I.A., Cert. S.I.E.J.B., Cert. M. & F.I.
RESIGNED March 1953

D. TUTIN, M.S.I.A., Cert. S.I.E.J.B., Cert. M & F.I.
APPOINTED 20th April 1953.

PENISTONE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health

for the year 1953.

Lady and Gentlemen,

I have the honour to submit ny Annual Report upon the Health Services of the Penistone Urban District for the year ended 31st December, 1953. In a circular letter dated 12th January, the Ministry of Health indicated that the Annual Report of Medical Officers of Health should be prepared in similar form to those of the last three years, Particular information about certain aspects of the service, which come within the province of the Medical Officer of Health to the Local Health Authority - which in this case is the County Medical Officer, was requested. There are certain other factors about which the Minister would like particular information such as our efforts to encourage and teach the principles of Clean Food Handling, Supervision of Meat, Milk and Other Foods, and General Health Education, etc. Those matters I have commented upon in parts of my report.

The main water supply in your district remained satisfactory throughout the year, qualitatively, at least. During the year 16 samples were taken for bacterioligical examination, and all were satisfactory. Of the 16 samples, 4 were further examined for Plumbo-Solvency and were found to be satisfactory. The main source of supply is still from the four Artesian Wells and various Moorland Springs, and there is still a doubt about there being a sufficiency for the whole district to cover all periods of the year. During the year it was again found necessary to restrict the bulk supply to Darton Urban District because of a temporary failure in the Spring supply. The district did not experience any inconvenience because of the slight falling off of supplies during the Summer months, and there was no period when supplies were not available. There is still this continual need to exercise care in the use of the water supply,

There are, in the district, a total of 2,215 houses, and of those 1,974 are on a public supply, The remaining 241 houses are situated at a distance too great for an economical scheme of the extention of the main public supply to be affected. Each of the houses concerned receives a supply of water by private arrangement generally from shallow wells. Unfortunately these are not always free from suspicion of pollution. One small circumscribed area of houses, namely the Village of Hoylandswaine, has been the concern of the Health Department for some time. The Village is so situated that there is no main supply and what supply can be obtained from the neighbouring authority of Barnsley does not, by reason of the topography of the district, reach to every home. You are aware, of course, that a scheme to make a water supply available to the whole district, involving the installation of a Pumping Unit, has been prepared. At the time of preparing this report tenders for the carrying out of the works are awaiting final approval. When this scheme is completed it will be safe to say that with the exception of a few scattered outlying premises every house in the district will be on a main water supply.

Sewerage and Sewage Disposal arrangements remain the same as in recent previous years. During 1953, 4 privies were converted to W.C's., and in 4 other cases W.C's. were reconstructed in place of privies, and as additions to old property. The number of privies remaining in the district is 163, not including 5 pail closets. Where sewers are available, owners of property have been encouraged to convert and in some cases notices have been issuod for the works to be carried out. Of the 2,215 dwelling houses in the district, 93.5% of them are on the water carriage system. This figure will be very much better, of course, when the Village of Hoylandswaine is sewered, which service will be a natural follow up to the provision of a water supply and the completion of the Sewage Disposal Works, already approved for that area. At present the method of disposal is direct drainage to the land, which method demands careful supervision, and which sometimes involves much work on the part of the Departmental outdoor staff.

The Vital Statistics for the year under review are very encouraging. Once again there is a slight increase in the Birth Rate, and a fall in the Death rate. There were 2 Still-births during the year, as compared with a nil return in 1952. The infantile Mortality Rate, which is always an important index in the health of the district, has dropped this year to 20 per

1,000 live births, as against a figure of 30.3 for 1952. Dealing with such relatively small numbers as we are dealing with in such a District, one can hardly draw many conclusions from those fi gures. For example - the difference in Infantile Mortality Rate means that whereas in 1952 there were 3 Infantile deaths, in 1953 there were 2. Of the 2 infantile deaths one was due to prematurity, a condition which is sometimes unavoidable, but not, I understand, in all cases. The second death was due to an infection. Infantile deaths due to infections are preventable if normal precautions are taken to avoid infection.

It is interesting to compare the figures for the rest of the Country, for in England and Wales the Infantile Death Rate was 26.8 which is slightly higher than the rate for your district. The uncorrected Birth Rate figures for your district was 15.3 per 1,000 of the estimated population (corrected 16.2), as against a figure of 15.5 for England and Wales, and the Crude Death Rate was 11.06 (corrected 9.9). as compared with a rate of 11.4 for England and Wales.

During the year the Infectious Diseases picture was less bright than that for 1952. The Measles epidemic, which was more or less reaching its climax at the end of 1952, continued into 1953, and altogether there was an increase of approximately 30 cases. Whooping Cough was less, but Scarlet Fever showed a slight increase. Except for 7 cases of Food Poisoning, the incidence of the remaining type of Infectious Diseases was low

I have included again in my report a few figures and other details about the services provided within the district by the Local Health Authority under Part III of the National Health Service Act, 1946. My impression is that the services were very well used, and I am glad to say that we were able to meet all demands satisfactorily during the year. The Home Help Service showed a slight improvement, probably because there were more Home Helps available to be called upon to give the service. It takes some time for those comparatively new services to become known throughout the district, and also for everyone to have absolute faith in such services. I am sure that the value of the Home Help Service in time of domestic difficulty through ill health is now becoming more recognised and, in consequence, is more generally asked for, and appreciated.

In concluding this report I would like to put on record my thanks for the continued help and support of the Chairman and members of the Health Committee. I also extend my grateful thanks to the Clerk and his staff for their helpful advice at all times. I would like to say how grateful I am to Mr. Holdsworth for his help up to the time he left the district. I wish him well in his new sphere of activity. To his successor, Mr. Tutin, I offer a sincere welcome, and for what he has done, and for his valuable contributions to the epidemiological work during the year I am extremely grateful. It is customary in Penistone Urban District for the Sanitary Inspector to present a report to the Committee each year. Mr. Tutin has prepared his report and has handed it to me. I consider that the best way to present this is to include it as a separate part of my report, and this I have done.

I have been fortunate this year in my work as compared to 1952 in that I had the benefit of the advice and help of Dr. J.J. Smith, Senior Assistant County Medical Officer. She has had much experience in the work of the County Health Department. I wish to put on record my thanks to her for her loyal support throughout the year.

I am,

Your obedient servant,

J. MAIN RUSSELL

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF

The Penistone Urban District covers an area of 5,593 acres. The District is divided into 3 parts, Penistone, Thurlstone and Hoylandswaine.

The Rateable Value of the district at the 1st April, 1954 was £33,497, whilst the product of a penny rate was £129.17s.5d. as at the 31st March, 1953.

VITAL STATISTICS

POPULATION

The Registrar General has given his estimation of the population at mid 1953 as 6,507. This is an increase of 34 as compared with 1952.

BIRTHS

There were 100 live births registered in the district during the year. Of these 50 were males and 50 females. There were five illegitimate births (3 male and 2 female).

The uncorrected BIRTH RATE was 15.3 per 1,000 of the estimated population. After application of the Comparability Factor (1.06) issued by the Registrar General, the corrected Birth Rate was 16.2

STILL-BIRTHS

There were two Still-Births registered in the district during the year, 1 male and 1 female.

DEATHS

72 deaths were attributed to the district during 1953. Of these 41 were males and 31 females.

The CRUDE DEATH RATE was, therefore, 11.06 per 1,000 of the estimated population. By application of the Death Comparability Factor (0.90) the corrected rate was 9.9

Of the total number of deaths 75% occurred in the "65+" age group - with diseases of the Heart and Circulation being responsible for 28 of the total deaths.

PRINCIPAL CAUSES OF DEATH

INFECTIVE DISEASES	MALE	FEMALE	TOTAL
Tuberculosis (Respiratory) ...	1	-	1
" (Non-Respiratory)	-	-	-
Other Infective Diseases ...	1	-	1
CANCER			
Stomach ...	2	1	3
Lung - Bronchus	2	-	2
Breast ...	-	2	2
Other sites, including Leukaemia	5	4	9
DIABETES			
VASCULAR DISEASE OF NERVOUS SYSTEM	5	3	8
CIRCULATORY SYSTEM			
Coronary Disease	1	3	4
Hypertension with Heart Disease	1	1	2
Other Heart Diseases	11	10	21
Other Circulatory Diseases	1	-	1
RESPIRATORY SYSTEM			
Pneumonia	-	1	1
Bronchitis	4	1	5
Other Respiratory Diseases	-	-	-

	MALE	FEMALE	TOTAL
INFLUENZA	2	1	3
DIGESTIVE SYSTEM			
Ulcer of Stomach & Duodenum	1	-	1
Gastritis and Enteritis	-	-	-
GENITO-URINARY SYSTEM			
Nephritis and Nephrosis	-	-	-
Hyperplasia of Prostate.	-	-	-
INFANT DEATHS			
Congenital Malformations	-	-	-
VIOLENCE			
Motor Vehicle	1	-	1
Suicide	1	-	1
All other accidents	-	-	-
OTHER DEFINED and ILL-DEFINED DISEASES	-	3	3
All causes	41	31	72

AGE DISTRIBUTION OF DEATHS

AGE GROUP	MALE	FEMALE
Under 1 year	1	1
1 - 10 years	-	2
10- 15 "	-	-
15- 25 "	-	-
25- 45 "	3	-
45- 65 "	6	5
Over 65 "	31	23
Total	41	31

Set our below are tables of Live Birth Rates, Still Birth Rates and Crude Death Rates, with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 OF THE ESTIMATED POPULATION

Year	England and Wales	160 County Boroughs and Great Towns	160 Smaller Towns (Population 25,000 to 50,000 at 1931 Census)	London Administrative County	Penistone U.D.
			LIVE BIRTHS		
1953	15.5	17.0	15.7	17.5	15.3
1952	15.3	16.9	15.5	17.6	15.2
1951	15.5	17.3	16.7	17.8	15.14
1950	15.8	17.6	16.7	17.8	16.79
			STILL BIRTHS		
1953	0.35	0.43	0.34	0.38	0.30
1952	0.35	0.43	0.36	0.34	0.00
1951	0.36	0.45	0.38	0.37	0.62
1950	0.37	0.45	0.38	0.36	0.15

Year	England and Wales	160 County Boroughs and Great Towns	160 Smaller Towns (Population 25,000 to 50,000 at 1931 Census)	London Administrative County	Penistone U.D.
			DEATHS (CRUDE DEATH RATES)		
1953	11.4	12.2	11.3	12.5	11.06
1952	11.3	12.1	11.2	12.6	11.6
1951	12.5	13.4	12.5	13.1	13.26
1950	11.6	12.3	11.6	11.8	11.14

INFANT MORTALITY

There were 2 deaths of children under one year of age during 1953 equivalent to an Infantile Mortality Rate of 20 per 1,000 Live Births.

AGE DISTRIBUTION OF INFANT DEATHS

Cause of Death	Under 1 Wk	1-2 wks	2-3 wks	3-4 Wks	Total under 4 wks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	Total under 1-yr.
Prematurity	1	-	-	-	1	-	-	-	-	1
Meningococcal Meningitis	-	-	-	-	-	-	-	1	-	1

MATERNAL MORTALITY

There were no maternal deaths during the year.

EIPIDEMIC DISEASES

There was only one death in the Epidemic Diseases (other than Tuberculosis) Group during the year, the infant who died from Meningococcal Meningitis.

INQUESTS

Inquests were held on 3 occasions and in 6 cases the cause of death was certified by the Coroner after Post-Mortem Examination without Inquest.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS

During the year 142 cases of Infectious Disease were notified.

They were as follows:-

Scarlet Fever	24
Measles	94
Pneumonia	9
Dysentery	2
Malaria	1
Whooping Cough	4
Food Poisoning	7
Meningococcal Infection ...	1
Total ...	142

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

	England and Wales.	160 Smaller Towns	Penistone U.D.
Measles	12.36	12.32	14.44
Whooping Cough	3.58	3.38	0.61
Scarlet Fever	1.39	1.44	3.68
Pneumonia.	0.84	0.76	1.38

AGE GROUP	MEASLES				WH. COUGH				Sc. FEVER				PNEUMONIA				DYSENTERY				FOOD POISONING				MENINGOCOCCAL INFECTION				MALARIA			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Under 1 Yr.	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
1 to 2 yrs	1	4	1	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 to 3 yrs	-	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
3 to 4 yrs	3	10	3	-	-	-	1	1	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4 to 5 yrs	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
5 to 10 yrs	-	29	3	1	-	-	-	1	5	2	2	2	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 to 15 yrs	1	4	-	-	-	-	-	-	1	1	1	3	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
15 to 25 yrs	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
25 to 35 yrs	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
35 to 45 yrs	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-
45 to 65 yrs	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Over 65 yrs	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	5	81	7	1	-	-	1	3	10	4	3	7	5	2	-	2	-	2	-	-	-	-	7	-	-	-	-	1	-	1	-	-
		94				4				24				9				2				7				1				1		

SCARLET FEVER

During the year 24 cases of Scarlet Fever were notified, an increase of 7 over the 1952 figure. This incidence cannot be considered high, but it is higher than we have been accustomed to in the district over the last two or three years. It is difficult to account for it, but the disease was of a mild type and there was no resultant morbidity in any of the cases. The incidence was at its highest in the first quarter of the year, when 10 cases occurred, and during the last quarter there were 7 cases. The second and third quarters together, produced another 7 cases. Of all the cases 3 occurred in Thurlstone, 1 in Millhouse, and the remainder in Penistone itself.

The attack rate for the district was 3.68, compared with a figure of 1.39 for the Country generally.

MEASLES

During 1952 the incidence of Measles seemed to be decreasing, and towards the end of that year the disease had practically disappeared and, indeed, into the first quarter of 1953 the picture was similar. During the second quarter, however, there was a very sharp increase in the number of cases, when a total of 81 were notified. They seemed to occur in Penistone itself, with a fair number in Millhouse, and to a lesser extent in Thurlstone. The age group principally affected was, as one might expect, the younger group. In fact, during the second quarter 76 of the 81 cases occurred in children under the age of 10, and the majority of those occurred between the ages of 5 and 10 years. During the third and fourth quarters of the year the disease practically disappeared, only one case being notified during the Winter months of October, November and December.

My information is that the type of disease was mild, and I have no information in my Department of any complications or any other unhappy sequelae in any of the cases reported.

WHOOPING COUGH

There were only 4 cases notified in Penistone Urban District during 1953. These occurred, 1 in the third quarter and 3 in the last quarter of the year. During 1952 the incidence was relatively small as well, when there were 18 cases. The attack rate for this disease for the Country in 1953 was 3.58, as against a figure of 0.61 for Penistone. Three of the cases in Penistone occurred under the age of 4 years, and the other was between the age of 5 and 10 years.

We are beginning to look forward to a reduction in the number of cases of Whooping Cough now that the scheme for the immunisation of young children against this disease has got under way. Unfortunately it is not possible to give a factual figure as to the number of children who have received protective treatment, since quite a number have received the combined antigen against Diphtheria and Whooping Cough from their own Doctor.

The County Council scheme of immunisation against Whooping Cough involves three injections at monthly intervals. The County have not yet approved of the giving of the combined Diphtheria and Whooping Cough antigen. It means, therefore, that to be immunised against Diphtheria and Whooping Cough under the County scheme, babies have to have a succession of five injections, two for Diphtheria and three for Whooping Cough. Since they can be done in three injections in the combined manner, many Mothers prefer to have the children immunised by their own Doctor. Whilst in this way we retain the record of the Diphtheria immunisation, we cannot accept it as a record of Whooping Cough immunisation. We only accept the record of those immunised against Whooping Cough if done according to the terms of the County Scheme. During the year there were 44 children so immunised against Whooping Cough, all under the age of 4 years.

DIPHTHERIA

There was no Diphtheria reported in Penistone Urban District during 1953, the seventh year in succession that there have been no cases. This, on the face of it, would appear to be a very satisfactory position, and the tendency is to sit back and accept the situation. I hope this is not the case, and that parents and guardians of young children will continue to consider it essential that immunisation against Diphtheria is a "must" in the childrens' early life.

This freedom from Diphtheria depends upon the continuance of a high level of immunity amongst the younger population. If ever this level falls, the danger is that Diphtheria would reappear, probably in a worse form than ever before. It is our duty, therefore, to take every opportunity available to preach the need for immunisation, and to ward off any sign of complacency.

During the year the whole Country experienced a continued reduction in the incidence of the disease, only 240 cases being notified in England and Wales. In 1944 there were 23000 cases notified. During 1953 24 deaths occurred, 10% of the cases notified. I am sure it is the desire of us all to see this "killing" disease being controlled as it is at the present time.

In Penistone during the year 65 children under the age of 5 years, and 11 between the ages of 5 and 15 years, were immunised. During the same period 72 children received a reinforcing dose of the antigen, in each case at about School entrance age.

TUBERCULOSIS

There was an increase in the number of Tuberculosis cases notified during the year. There were 7 new cases, of which 6 were Tuberculosis of the lungs, and 1 was a Non-Pulmonary type. Of those cases, one was transferred from another district. At the end of the year there remained on the register 22 cases (16 male and 6 female) of Pulmonary Tuberculosis, and 4 cases (2 male and 2 female) of Non-Pulmonary Tuberculosis. The cases notified during the year were:

1 female, between the ages of 20 and 30 years.
2 male - between the ages of 20 and 30 years.
1 male - between the ages of 40 and 50 years.
2 male - between the ages of 50 and 60 years.

The Non-Pulmonary case was a boy of 7, suffering from Tuberculosis of the abdominal glands, and who was under the care of the Consultant at the Children's Hospital in Sheffield. Of the 6 cases of Tuberculosis of the lung 5 are under the care of the Chest Physician, and 1 is a patient in one of the Hospitals. The Tuberculosis Health Visitor has visited the homes, and a close liaison between this Department and the Department of the Chest physician is being maintained.

It is an important factor in the welfare of all Tuberculosis cases that the best possible housing conditions should be available for them. It is most essential that an infectious person should have separate sleeping accommodation, and where I am informed that there is a case which requires such accommodation, it is my duty to bring it to your notice. There was no occasion during 1953 when I had to take such action.

FOOD POISONING

During the year there were 7 cases of Food Poisoning notified to the Department, an attack rate of 1.07 per 1,000 of the home population. The rate for England and Wales for the same period was 0.24. Six of the cases occurred in the month of August, and one early in September.

A thorough investigation was made on receipt of the notifications, and whilst one agrees that the symptoms of Food Poisoning were present, no cause for those outbreaks could be ascertained, and there was no connecting link amongst them. There were three separate outbreaks, two involving 3 cases in the same family in each instance, and the other 1 isolated case.

One important factor in the control of an outbreak of Food Poisoning is the speed with which the Health Department is notified of the occurrence. It is essential that specimens for Laboratory examination should be collected as soon as possible, and it would be an advantage if the relatives of those who were affected would notify the Department that they were calling in the Doctor because they suspected that there was Food Poisoning in the family. The notification could be confirmed by the General Practitioner, and early co-operation with the General Practitioner in the investigation could be assured.

HEALTH EDUCATION

The teaching of health is one of the most important functions of the Health Department. It is always assumed that the functions of the Department are principally to investigate the spread of infection and conditions which may be prejudicial to health. We have come a long way since the field-workers of the Health Department were concerned with, almost solely, the establishment of sound drainage systems, water supplies and disinfection of premises. Today those matters are still important, but the emphasis is on prevention of ill health and disease, and the teaching of how to live a healthy life. It is a difficult subject to teach, and as I emphasised in my report last year, it is not an easy matter to interest the man-in-the-street in the subject of health. The prevailing attitude of mind is that "so long as I do not feel ill and do not require to see the Doctor, than I am not going to be bothered listening to a Health Lecture". Yet it is amazing how interested the general public became in such measures as immunisation against Diphtheria and Whooping Cough, about the visit of the Mass Radiography Unit to the district or about the possibility of immunisation against Tuberculosis by B.C.G. It is also a fact that the general public are interested in what foods they shall eat because they have become aware of the value of the constituents of some of those foods.

This is all the result of the persistent teaching they receive by poster, leaflet, film strip, or as a result of the information brought home by the young Mother from the Welfare Clinic, where she has made routine visit with her baby. We take every opportunity at our respective Clinics and at our School Inspections to advise on and teach Health Education, and together with the Health Visitors and the Sanitary Inspector no opportunity is lost to interest the public in the healthy way of life.

GENERAL PROVISION OF THE HEALTH SERVICES

HOSPITALS

Penistone is served by General Hospitals in Barnsley and in Sheffield. For Infectious Diseases the Kendray Hospital in Barnsley and the Lodge Moor Hospital, Sheffield, are the ones used. Maternity cases are dealt with at the Hallamshire Maternity Home, Chapeltown, the St. Helen's Hospital, Barnsley, and sometimes the Princess Royal Maternity Home, Huddersfield.

LABORATORY FACILITIES

All Laboratory work is carried out by the two Public Health Service Laboratories, one at Wakefield and one at the City General Hospital, Sheffield. The Medical Directors of each of those respective Laboratories are most helpful, and are only too pleased to assist with any particular investigation we care to make in the epidemiological field. Both Laboratories are fairly near, and material for examination can be taken direct, thus obviating the natural difficulties of parcelling up and posting such samples.

MORTUARY

There is a Mortuary in Penistone, and this serves the surrounding area.

AMBULANCE SERVICE

The Ambulance Service is based on the main Depot at Hoyland. There was a Sub-Station at Penistone, you will remember, but in 1951 the Ambulance was withdrawn to the main Depot. The Ambulance Service, of course, is under the control of the County Ambulance Officer, who is responsible to the Committee concerned. Whilst I have no direct connection with the administration of this service, a very happy co-operation exists between the two services. Of course there will always be complaints about such a vital service as this. If there were no complaints one would be suspicious of the efficiency of the service.

The Ambulances at the Hoyland Depot are modern vehicles and some of them are radio-controlled. There are, in fact, seven Ambulances, including the sitting case vehicle. Of this number six are radio-controlled and in constant touch with Headquarters.

One can appreciate the apprehension with which some people in Penistone view the taking away of the Ambulance from Penistone to Hoyland. For many years they felt secure in the knowledge that if any accidents or sudden illness did arise, an Ambulance was, literally, on the doorstep.

It is true that they have lost something in this respect, but I venture to suggest that by-and-large better Ambulance facilities will be ultimately available. An Ambulance required urgently in Penistone need not have to come from Hoyland. In fact, there may be an Ambulance reasonably near Penistone when the call is received, and by radio tele-communications such a vehicle can be diverted to pick up the case requiring the emergency transport.

Although this service has been in operation now for 5½ years, it is still an expanding one. Until this new Service has had some years experience, one will always hear of complaints and difficulties. These are to be expected and the ultimate efficiency of the service depends on the lessons learned from those initial difficulties.

I consider that the Ambulance Service in this district is doing very well indeed.

CLINICS

Tuberculosis.

There is a Tuberculosis Clinic at Weston House, High Street, Penistone, on the first and third Thursdays in each month. This Clinic covers the whole of the district, and is attended by staff from the parent Clinic in Barnsley, and by the full-time Tuberculosis Health Visitor.

Venereal Diseases.

Treatment is available at Centres in Barnsley, Sheffield and Huddersfield, particulars of which are given below :-

	Days and hours of attendance.	
Address.	Men.	Women.
Barnsley, Queens Road.	Mon. 10-12 noon Thurs. 4.30-6.30 p.m.	Mon. 5 - 7 p.m. Thurs 2- 4 p.m.
Huddersfield. York Place. New North Road.	Mon. & Fri. 2-4 p.m. 5-7 p.m. Wed. 10 - 12 noon & 2 - 4 p.m.	Mon & Fri. 2-4 p.m. 5-7 p.m. Wed. 10-12 noon & 2-4 p m.
Sheffield City General Hospital.	-	Tues. 2 - 4 p.m.
Jessop Hospital for Women.	-	Tues. 4 - 6 p.m. Thurs.4 - 6 p.m.
Sheffield Royal Hospital.	Mon. & Wed. 9.30 - 12 noon. Tues. 4.30- 6.30 p.m. Fri. 9.30- 12 noon 4.30- 6.30 p.m.	Thurs. 9.30-12 noon.
Royal Infirmary.	Mon. & Thurs. 5 - 7 p.m.	Mon. 2 - 4 & 5 - 7 p.m. Thurs. 5 - 7 p.m.

Maternity & Child Welfare.

The Maternity & Child Welfare Clinic is established in what was the Shrewsbury Road Methodist Chapel. Not only do we have a Child Welfare Clinic here, but there are such Clinics as School Medical Inspection, Speech Therapy, Ophthalmological and Minor Ailments. The minor ailments seen are principally those which effect School children, and that Clinic is held on the mornings of Monday and Friday. The following are details of the Maternity and Child Welfare Clinic.

Name of Doctor and Nurse in attendance.	Day and Time of Sessions.	Number who attended for first time during this year.	Total number of attendances of children up to 5-years.
Dr. M.V. Wilby & Miss A. Haigh.	Monday afternoon.	204	1,971

During the year structural alterations were commenced at the Shrewsbury Road Chapel, with a view to providing a most up-to-date and self-contained Clinic. It is anticipated that when the alterations are completed there will be facilities for Maternity & Child Welfare, Ante-Natal, Speech Therapy, and Ophthalmological Clinical Work. There will be, in addition, a modern, fully equipped Dental Clinic, with a rest room for the patients. All this upheaval means that the Clinic, as we know it, has been considerably disorganised, and I am exceedingly grateful to you, and particularly to Mr. Beardsall, for allowing us to use a room in your Council Offices at the Town Hall to carry on those Clinics. It must be generally disturbing to the staff when next door they have quite a large number of Mothers and babies attending Clinics, as well as School children for the Special Clinics. Not only have the staff been disturbed, but those kind hearted and most devoted voluntary workers have had a difficult time. The baby food, including the Orange Juice and Cod Liver Oil, had to be stored in the Clinic premises, and during the Winter, when in some cases no heating was available, these ladies were at their posts distributing food to the Mothers and directing them to the Town Hall, where the Doctor and the Nurse were conducting the Clinic. I am particularly grateful to those kind ladies for this extraordinary example of service to the community, and I hope that the people generally, and particularly the Mothers who come with their babies, also appreciate the work that those ladies do, quite voluntarily, as a gesture of service.

It is very gratifying to be able to say that despite all this disorganisation the Clinic attendances have never suffered in any way, and the Mothers and the babies have still continued to come along regularly for advice and help.

ANTE-NATAL CLINIC.

We still have the occasional instance when an expectant Mother seeks Ante-Natal advice from the Health Visitor or the Medical Officer at the Welfare Clinic. Those people are encouraged to attend at mutually convenient times, generally at the commencement of the Welfare Clinic. Of course, by far the greatest amount of Ante-Natal work is performed by the General Practitioners, who have special sessions for this work at their own respective Consulting Rooms.

HEALTH VISITING.

The Penistone district is served by the following Health Visitors :-

NAME.	ADDRESS.
Miss A. Haigh.	St. Georges Vicarage, Princess Street, Barnsley.
Miss. B. Coupe.	c/o Mrs. R. Taylor, The Bungalow, Oxspring.

Practically all the Health Visiting in the Penistone Urban District is carried out by Miss Haigh, whilst Miss Coupe works more in the Rural part of the district. Both, of course, work in the Clinic at Penistone, and recognise the Penistone Clinic as a centre. Those Health Visitors are mobile, and because of this both have been able to cover very much more distance, and do much more useful work than they did during the time they were dependent upon public transport.

HOME NURSING

In your district 2 District Nurse/Midwives are employed, as follows:-

NAME	ADDRESS	TEL. NUMBER
Miss M.A. Smith (Resigned 30.9.53)	34, Victoria Street, Penistone	
Miss S.M. Hemphill (Appointed 5.9.53)	34, Victoria Street, Penistone	Penistone 167.
Miss C.M. Salmon (Resigned 30.4.53)	34, Victoria Street, Penistone	
Miss A.M. Ruane (Appointed 5.9.53)	34, Victoria Street, Penistone	Penistone 167.

During the year 2 Nurses resigned, 1, Miss Salmon, transferring to another district in the West Riding in April, and Miss Smith, who in October commenced studies at Leeds University for the Health Visitor's qualifications. Two new appointments were made, as indicated. Those two ladies were strangers to the district and found it a bit difficult to cover such a wide area. To begin with, neither of them was mobile and they depended on a Taxi service, or on public transport for getting about to their work. Towards the end of the year it was expected that both would become mobile and, in fact, at the time of preparing this report that position has now been reached.

Both of those ladies have performed a very satisfactory service and have done exceedingly well in this new district. They are very well qualified and are exceedingly efficient. During the year 146 cases were attended, involving 1,904 home visits.

MIDWIFERY SERVICE

The same 2 Nurses are responsible for the Midwifery Service within the district. The district, of course, as you know is a wide one, and it takes in quite a part of the Rural District. As a result it is difficult for me to give separate statistics for the Midwifery work these Nurses do respectively in the Urban and Rural Districts. I can only give you, therefore, statistics covering the whole area, and say that the total number of confinements attended was 44, involving, in all, 865 visits.

DOMESTIC HELP SERVICE

One of the most acceptable services provided by the Local Health Authority is undoubtedly the Domestic Help Service. A family disorganised because of the ill health of the housewife or because of the ill health of a member of the family whose care is demanding all the attention of the housewife, may have immediate assistance from a kindly woman who would take over the responsibility of running the home, thus relieving the mind of the harassed housewife. The degree of the value of this service is directly proportional to the speed with which it can be provided. Thus it is that throughout this Division I have instructed Home Nurses, Midwives and Health Visitors that if they become aware of a case which they consider requires the services of a Domestic Help, they should immediately send that help and not necessarily wait to consult me. A formal application must be made, but whilst the usual formalities are being completed with regard to that application, we are thus assured that in the event of any delay, at least the most important factor is not being delayed - the presence of the Domestic Help in the Home.

During the year 16 homes were attended in Penistone, and 2,276 Domestic Help hours were provided. The number of Home Helps available in the Penistone area at the end of the year was 9. These figures indicate that the service was used very much more in 1953 than in the previous year, when only 3 homes were visited and only 219 Domestic Help hours were provided.

Whilst the main factor in the provision of the Home Help Service is the number of Home Help hours which we have available, it is also important that we have a pool of capable women who can undertake the duties. Towards the end of the year the County Council were considering increasing the number of Home Helps throughout the County. If that increase is approved, we, in this Division, will have a consequent small increase in the number of Home Help hours available.

SANITARY CIRCUMSTANCES OF THE AREA

The following is a tabulated list of inspections made during the year. These, in no way, refer to the visits made to Council houses which are dealt with in a later section of the report:-

---

DWELLING HOUSES

Inspections under Housing Regulations	12
Reinspections under Housing Regulations.	--
Inspections not under Housing Regulations.	149
Reinspections not under Housing Regulations.	156

NUMBER OF VISITS TO:-

Slaughterhouses	1
Butchers Shops	6
Greengrocers	2
Bakehouses	1
Ice Cream Shops	1
Other Food Premises	12
Factories without Power	1
Factories with Power	18
Public Conveniences	1
Schools	1
Market	295
Sewage Works	269
Licensed Premises	12
Common Lodging Houses	2
Moveable Dwellings	1

INSPECTIONS UNDER:-

Petroleum Acts	6
Housing Act 1949	1

INFECTIOUS DISEASES

Primary Visits	22
Re-Visits	39
Rooms Disinfected	1
Visits to Verminous Premises	1
Rooms Fumigated	--

DRAINAGE

Water Tests applied	209
Colour Tests applied	2
New Lengths Inspected	364
Inspection of Sewers	7
Other Inspections	48
Other Visits	679
Rodent Control	11
Total Number of Inspections	2330

NUISANCES ETC. ON BOOKS, WITH NUMBER OF NOTICES SERVED

Nuisances in hand, end of 1952	185
Nuisances found during 1953	96
Notices served, informal	96
Notices served, statutory	- -
Nuisances abated during 1953	250
Nuisances outstanding at end of 1953	31

CLOSET ACCOMMODATION

Approximate number of Water Closets ..	2441
" " Pail Closets ..	5
" " Privies ..	163
" " Waste Water Closets ..	11

There have been 9 changes from the conservancy system to the water carriage system during the year and 69 additional water closets have been provided.

There are now only 5 premises in the district which have privies and where sewer and water supply is available.

It is hoped that the negotiations concerning the proposed new sewerage scheme at Hoylandswaine will soon be completed so that the sanitary conditions in this part of the district can be improved.

FOOD PREPARING PREMISES AND SHOPS.

As far as I am able to ascertain the following food shops exist in this area:-

9 Grocers.
8 Butchers.
3 Confectioners.
1 Snack bar.
20 General dealers.
5 Greengrocers.

Included in the above are 20 premises which are registered for the sale of ice-cream.

A number of inspections have been made during the year and, where necessary, informal action has been taken to enforce the Shops Act, Food & Drugs Act and the Clean Food byelaws.

It is regretted that the pressure of work in other directions has not allowed a more intensive supervision of food premises generally, as I feel that this is a most important subject and should not be neglected.

The following articles of foodstuff were condemned during the year.

10 - 14½ oz. tins Evaporated Milk
18 lbs. 8 oz Tinned fruit
12 lbs. 7 oz Tinned tomatoes
2 lbs. 10 oz Tinned Meat
1 lb 14 oz red cabbage
3 lbs Tinned beans
1 large tin chocolate teacakes.
130 lbs. beef
8 lbs. bacon.

In each case the condemned food was either returned to the wholesaler through trade channels, or disposed of by my department

INFECTIOUS DISEASES

During the year all cases of infectious diseases notified to this office have been visited and, where necessary, the premises have been disinfected. This has entailed 61 visits in all.

REFUSE COLLECTION AND DISPOSAL

This service was seriously handicapped towards the end of the year through shortage of staff. Mr. H. Liles ceased work due to illness in July and subsequently retired after 33 years service with the Council. The position of vehicle driver has not yet been filled but it is hoped that an appointment will soon be made.

Apart from the labour position, the building of new houses in the district is placing a strain on this service, and the time is rapidly approaching when the Council will have to consider, either, the purchase of an additional vehicle, or a larger vehicle to replace the existing one, if an efficient weekly service is to be maintained.

SALVAGE

The sale of waste paper during the year realised the sum of £91.6.10. The reduction in this amount is due not to the shortage of waste paper, nor to the sale price, which has increased slightly, but to the inability of the scavenging staff to find time for an adequate collection.

The sale of other salvage realised the sum of £13. 14. 8.

RODENT CONTROL

During the year 40 premises have been visited either after complaint of rodent infestation or as part of the normal survey routine. Of these 5 belong to the Local Authority, 4 are private houses, 10 are agricultural premises and 21 business premises.

In all cases where evidence of rats or mice were found the premises were treated and a total of 80 dead bodies was found after treatment.

REPORT OF SANITARY INSPECTOR

COUNCIL OFFICES,

THE MARKET,

PENISTONE.

APRIL 1954

To the Chairman and Members of the Penistone Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have pleasure in presenting my annual report relative to the work of my department for the year 1953.

My comments on the sanitary circumstance of the Urban District are included in the appropriate section of the Medical Officer's report and here I intend to deal only with the other sections of my work.

I commenced my duties with your Authority in mid-April and since then the greater part of my time has been spent on the repair and maintenance of Council property. A start has been made on the systematic repair of the pre-war houses at Cubley and it is hoped that further progress will be made next year. Following the external painting of the pre-war houses in Park Avenue it has been decided that a certain amount of painting will be carried out each year in order to keep all Council property in good condition.

In the Cattle Market work has continued on renewal of the hard standing and this is now in very much more satisfactory condition than it was at the end of 1952.

The inadequacy of the sewage disposal works at Spring Vale has been somewhat overcome by the installation of a sludge digestion tank. In this connection I feel that thanks are due to the Chairman and Members of the Wombwell Urban District Council and Mr. W.E. Oliver, their Sewage Works Manager, for the help and advice given in this matter.

In conclusion I should like to express my appreciation to the Chairman and Members of the Council for their interest and co-operation in the working of the department. Thanks are also tendered to the members of the staff and workmen for their continued loyalty and support.

Yours obediently,

D. TUTIN.

SANITARY INSPECTOR.

HOUSING AND PROPERTY MANAGEMENT

At the end of 1953 the number of Council houses was 552.

During the year every effort has been made to visit all houses where repairs have been reported necessary, to make sure that the correct orders were given to contractors and direct labour staff. For this purpose 1074 visits were made and repair work has been kept at a reasonable level having regard to all the circumstances.

In the early part of the year the external painting of the Town Hall and Library was completed, and towards the end of the year the pre-war houses in Park Avenue were painted.

The total cost of all repair work and painting carried out on Council Houses during the year was approx £3700.

NEW HOUSES

During the year 66 houses were built by the Local Authority and 6 by

private persons. This brings the total number of Houses in the district up to 2215.

SEWERAGE AND SEWAGE DISPOSAL

The sewage works at Thurlstone continued to function satisfactorily during the year. Small alterations were made to the settling tanks and sludge beds to improve their operation.

At Spring Vale Sewage works a new deep digestion sludge unit has been installed and is working satisfactorily. It is hoped that this will be adequate to deal with all deposited sludge for some years to come.

A satisfactory liquid effluent has been maintained, but the filter beds are now working to full capacity and steps will have to be taken in the near future to provide additional ones.

Towards the end of the year a start was made to prepare plans of all the sewers and manholes in the area but due to the other commitments it is liable to be some time before this work is completed. When these plans have been completed it is hoped that the difficulties which arise from time to time in connection with blocked and defective sewers will be largely overcome.

CATTLE MARKET

During the year 323 sq. yds of concrete standing in the market have been renewed.

The following stock passed through the market during 1953.

	CATTLE	SHEEP	PIGS	CALVES	TOTAL
Fat Stock Markets	4365	4136	4795	2679	15945
Dairy Markets	1842	422	1401	236	3901
	6207	4558	6196	2915	19876

BUILDING LICENSING

Two applications for licences to build new houses and one for alterations to an existing house were received and granted during the year.